COLLEEN R. JAMISON

JAMISON LAW, LLC

June 4, 2021

Lynn M. Retz, Executive Director Kansas Corporation Commission 1500 SW Arrowhead Rd. Topeka, KS 66604

RE:

2021 CAF/ICC Data Collection and Associated Certifications

Docket No. 21-GIMT-426-GIT

Tri-County Telephone Association, Inc. – SAC 411839

Dear Ms. Retz:

Attached for filing please find Tri-County Telephone Association, Inc.'s 2021 CAF/ICC Data Collection and Associated certificates for study area code 411839, required by the FCC to be filed with the KCC as "the relevant state commission."

The information contained in the 2021 CAF/ICC Data Collection pages has been marked as confidential; the company believes that the information is of such competitive sensitivity that its disclosure to any person other than the company, the Commission, and Staff is prohibited by K.S.A. 66-1220a. Additionally, we reserve the right to amend the filing as necessary up to and including June 16, 2021, which is the date NECA will file the information with the FCC.

If you have any questions, please let me know.

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Sincerely,

Colleen R. Jamison

JAMISON LAW, LLO

Att.

cc:

Dale Jones

TO BE COMPLETED BY THE REPORTING CARRIER.

ģ	, 47 U.S.C	ommunications Act of 1934, 47 8 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934 §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	can be punis	ements on this form b), or fine or imprisc	Persons willfully making false sta §§ 502, 503
		6/16/2021	Filing Due Date for this form (mm/dd/yyyy)		411839	Study Area Code of Reporting Carrier
				ω	620-767-5153	Telephone number of Authorized Officer:
				ý.	CEO	Title or position of Authorized Officer:
	Ì				Dale Jones	Printed name of Authorized Officer:
ite: 5/24/2021	Date:	Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@totalnc.net,O=th-county tel. assn. incks.l=Council Grove KS 66846-0289, Date:5/24/2021	Digitally signed by Dale Jones DN:cn=Dale Jones, email=djones@totainc.net, O=tri-county tel. assn. incks.i=Council Grove KS 66846-0299, Date:5/24/202		Dale Jones	Dale Signature of Authorized Officer:
			ŝ	SN. INCK	TRI-COUNTY TEL. ASSN. INCKS	Name of Reporting Carrier: TRI-C
		data reported; and, to the	ensuring the accuracy of the actual of	lities include curate.	rrier; my responsib	I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.
			Certification of Officer as to the Assurance of the CAE ICC Data Bosoured	or as to the	rification of Offic	C.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	Telephone number of authorized officer: 620-767-5153 Study Area Code of Reporting Carrier 411839 Filing Due Date for this form (mm/dd/yyyy) 6/16/2021	Title or position of Authorized Officer: CEO	Printed name of Authorized Officer: Dale Jones	Digitally signed by Dale Jones DN:cn=Dale Dale Jones Jones, email=djones@tctainc.net, 0=trl-county tel. assn. Incks, i=Council Grove KS 66846-0299, Date: 5/24/2021 Date: 5/24/2021	Name of Reporting Carrier: TRI-COUNTY TEL. ASSN. INCKS	Name of Authorized Agent : National Exchange Carriers Association, Inc.	I certify that (Name of Agent) National Exchange Carriers Association, Inc. Is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knwoledge, the actual data provided to the Authorized Agent is accurate.		Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier	Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier	Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

47 U.S.C.	ommunications Act of 1934, 3 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	n can be punis onment under	ments on this for	Persons willfully making false state §§ 502, 503(t	
	6/16/2021	Filing Due Date for this form (mm/dd/yyyy)		411839	Study Area Code of Reporting Carrier	
		5153	620-767-5153	nployee:	Telephone number of Authorized Officer or employee:	
			CEO	оуее:	Title or position of Authorized Officer or employee	
		S	Dale Jones	ee:	Printed name of Authorized Officer or employee	
Date: 5/24/2021	N:cn=Dale t,O=tri-county tel. assn. 46-0299, Date:5/24/2021	Digitally signed by Dale Jones DN:cn=Dale Jones,email=djones@tctainc.net,O=tri-county tel. assn. incks,i=Council Grove KS 66846-0299, Date:5/24/2021	nes	Dale Jones	Signature of Authorized Officer or employee:	
		S	SSN. INCK	TRI-COUNTY TEL. ASSN. INCKS	Name of Reporting Carrier: TRI-CC	
	s form certifies that it e CAF ICC support	knowledge, the reporting carrier on thi §51.917(e) and is eligible to receive th	e best of my k overy Charge (rier and that, to th	I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).	
	C Recovery	Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery	or Rate-of-Re	tion of Officer fo	Certifica	
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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Ratum Carrier Not Seeking Duplicative Recovery	I.S.C.	ommunications Act of 1934, 47 L 8 U.S.C. § 1001.	Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	m can be punis sonment under	ments on this for), or fine or impris	Persons willfully making false state §§ 502, 503(b)	
fficer for Rate-of-Return Carrier Not Seeking Duplicative Recovery hat, to the best of my knowledge, the reporting carrier is not seeking duplicative ry subject to the recovery mechanism as per §51.917(d)(vii). TEL. ASSN. INCKS Digitally signed by Dale Jones DN:cn=Dale Jones, email=djones@tctainc.net, O=rfr-county tel. assn. incks, i=Council Grove KS 68846-0299, Date:5/224/2021 Date:		6/16/2021	Filing Due Date for this form (mm/dd/yyyy)		411839	Study Area Code of Reporting Carrier	S
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Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per §51.917(d)(vii). Name of Reporting Carrier: TRI-COUNTY TEL. ASSN. INCKS			Digitally signed by Dale Jones E Jones,email=djones@tctainc.ne incks,l=Council Grove KS 668-	les	Dale Jor	Signature of Authorized Officer or employee:	S
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